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| 6449 7590 U/182011 ROTHWELL, FIGG, ERNST & MANBECK, P.C. 1425 K STREET, N.W.   |   |  |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEB address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |   |
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| APPLICATION NO.  | FILING DATE   |  | FIRST NAMED INVENTOR  | ATTO   | RNEY DOCKET NO.  | CONFIRMATION NO.  |
| 07/996,771   | 07/996,771 12/24/1992   |  | R. BRUCE WALLACE  |  | 2124-233   |   |
| TITLE OF INVENTION: LIG  |   |  | ·   | <b>Y</b>   |  |   |
| L  | SMALL ENTTTY  | ISSUE FEE DUB  | PUBLICATION FEE DUE   | PREV. PAID ISSUE FEE   | TUTAL PEE(S) DUE   | DATE DUE  |
| nonprovisional   | MES NO  | -\$879 \$1740  | SO.   | \$0<br>~   | <b>3070</b> \$174  | 0 92/21/2012  |
| EXAMINER   |   | ARTUNIT  | CLASS-SUBCLASS  |  |  |   |
| BABIC, CHRISTOPHER M   |   | 1637   | 435-051000  | numerous possession and the second   |  |   |
| 1. Change of correspondence<br>CFR 1.363).  Change of corresponde<br>Address form PTO/SB/12  "Fee Address" indicati<br>PTO/SB/47; Rev 03-02 or<br>Number is required.  | ence address (or Cha<br>2) attached.<br>on (or "Fee Address'<br>mose recent) attach | nge of Correspondence  Indication form  d. Use of a Customer   | (1) the names of up to<br>or agents OR, alternati<br>(2) the name of a single<br>registered attorney or<br>2 registered patent attralisted, no name will be   | of a single firm (having as a member a orney or agent) and the names of up to natent attorneys or agents. If no name is ne will be printed.  |  |   |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  CITY OF HOPE  Duarte, CA |   |  |   |  |  |   |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🖸 Individual 🖫 Corporation or other private group entity 🚨 Government  |   |  |   |  |  |   |
| 4a. The following fee(s) are submitted:  |   |  | <ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number02-2135_ (enclose an extra copy of this form).</li> </ul> |  |  |   |
| 5. Change in Entity Status (<br>a. Applicant claims S)   | from status indicate<br>AALL ENTITY state   | d above)<br>is, See 37 CFR 1.27  |   | nger claiming SMALL EN   |  |   |
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| Authorized Signature   |   |  | Date JANUARY 17. 2012   |  |  |   |
| Typed or printed name PATRICK T. SKACEL  |   |  | Registration No. 47, 948  |  |  |   |
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